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Seattle, Washington 98101
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3.22.91
7a.

PRC

March 22, 1991

Ms. Marcia Bailey
U.S. Environmental Protection Agency
1200 Sixth Avenue
Seattle, WA 98101

RE: Contract No. 68-W9-0009, Work Assignment No. 112R10047, Health and Safety
Plans for the Ridgefield Brick and Tile and Montezuma West sites

Dear Ms. Bailey:

PRC Environmental Management, Inc., (PRC) is pleased to submit one copy each
of the Health and Safety Plans for the Ridgefield Brick and Tile site in Ridgefield,
Washington and the Montezuma West site, Central Point, Oregon.

If you have any questions or comments, please contact me at (206) 624-2692.

Sincerely,

Gary A. Bruno

Gary A. Bruno
Environmental Geologist

Enclosures

cc: Jim Pankanin, PRC, Seattle



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PRC ENVIRONMENTAL MANAGEMENT, INC.
HEALTH AND SAFETY PLAN

Project No: 112-R1004707

EPA Region: 10

Site Name: Ridgefield Brick and Tile (RBT) (Pacific Wood Treating)

Address/Location: Ridgefield, Washington

Objectives: The purpose of the Operations and Maintenance Inspection is to evaluate the ground-water sampling procedures in use at the facility and to identify and quantify ground-water and leachate contaminants. PRC will observe the RBT sampling protocols used during the ground-water sampling event and compare them to protocols specified in the facility's sampling and analysis plan, 3008 Consent Agreement and Final Order, and 40 CFR 265, Subpart F.

Proposed Date of Investigation: March 20-21, 1991

Background Review is: Preliminary _____ Complete X

Overall Hazard is:

High _____ Moderate _____ Low X Unknown _____

Justification for Overall Hazard Rating: PRC personnel are unlikely to be in direct contact with hazardous materials at the site. During the collection of split ground-water and leachate samples from ground-water monitoring wells and the leachate collection system, PRC personnel will be following appropriate health and safety procedures and practices for handling potentially contaminated ground water and leachate. Hazardous waste constituents present in ground water have been measured at very low concentrations.

Review And Approvals

Plan Prepared by: Benjamin Farrell

Date: Benjamin Farrell 3/4/91

Work Assignment Manager: Jim Pankanin

Date: Jim Pankanin 3/20/91

Health & Safety Coordinator: Liz Roman

Date: Liz Roman 3-20-91

Field Team Leader: Gary Bruno

Date: Gary Bruno 3/4/91

On - Site Safety Officer: Gary Bruno

Date: Gary Bruno 3/4/91

EPA Work Assignment Manager: Marcia Bailey

Date: _____

Site/Facility Description

Facility Description: The RBT site is a closed landfill located on the south side of 289th Street two miles east-northeast of the City of Ridgefield, WA. The 5.5 acre property consists of a warehouse on the western portion of the property and a clay pit. The northern portion of the site was reportedly used as a dump area.

Principal Disposal Method (type and location): The clay pit was drained and a wedge-shaped landfill cell was constructed. The cell consisted of compacted soil and a soil/bentonite layer and was equipped with subsurface drains. Ash was placed into the landfill in compact 18 inch lifts. The landfill cell was filled and covered with a compacted clay cap and revegetated in 1984.

Unusual Features (containers, buildings, dikes, power lines, terrain, etc.):

None

Status, and Years of Operation (Open, Closed, Unknown): Landfill has been closed since January, 1984. Ash was generated and disposed of at the site between 1979 and 1983.

Surround Population:

Residential () Industrial () Rural (X) Urban () Unknown ()

Description: Located two miles east-northeast of the City of Ridgefield, WA.

Site History (worker or non-worker injury, complaints from the public, past regulatory or enforcement actions): Pacific Wood Testing (PWT) began using the RBT landfill site for the disposal of log-deck and yard-cleanup waste and boiler ash in 1979. On May 23, 1983 the landfill became an interim status disposal facility and was subject to the relevant sections of RCRA. PWT originally submitted a closure plan in late 1983. However, on November 21, 1986, U.S. EPA cited PWT in violation of several federal regulation including groundwater monitoring requirements. PWT submitted a revised closure plan on February 19, 1987. In June 1987, U.S. EPA noted deficiencies in the ground water monitoring program of the revised closure plan. A groundwater monitoring system was installed in August 1988. A CME was performed by Tetra Tech Inc. in 1989. The CME concluded that the uppermost aquifer beneath the landfill has not been clearly identified, and that the existing monitoring wells may not penetrate the uppermost aquifer.

Hazardous/Toxic Materials

List known or suspected materials, contaminated media, storage container, wastes, etc. Attach Material Safety Data Sheet(s), if available.

<u>Substance</u>	<u>Media(A)</u>	<u>Toxicity(B)</u>	<u>Characteristics(C)</u>	<u>Maximum Concentration</u> ($\mu\text{g/L}$)
pentachlorophenol	liquid	high	Toxic	<10
naphthalene	liquid	medium	Toxic	<10

(A) Form - Solid, Liquid, Vapor

(B) Toxicity - High, Medium, Low, None

(C) Characteristics - Corrosive, Flammable, Radioactive, Toxic, Volatile, Reactive, Inert.

(D) This chemical seems most widespread in the plume of contamination

REFERENCES Hawleys' Condensed Chemical Directory, 1987, eleventh Ed.; NIOSH Pocket Guide to Chemical Hazards, 1985; RCRA Comprehensive Groundwater monitoring evaluation of Ridgefield Brick and Tile, Tetra Tech Inc., 1989.

Hazard Evaluation

Toxic Vapors:	Yes <u>X</u>	No <u> </u>	Unknown <u> </u>
Explosivity:	Yes <u> </u>	No <u>X</u>	Unknown <u> </u>
Radioactivity:	Yes <u> </u>	No <u>X</u>	Unknown <u> </u>
O ₂ Depletion:	Yes <u> </u>	No <u>X</u>	Unknown <u> </u>
Buried Utilities:	Yes <u> </u>	No <u>X</u>	If yes, describe location:

Describe Physical Hazards Which May Delay Work at the Site: None

Monitoring Procedures

Is Perimeter Identified? Yes

Is Site Secured? Yes

Is a Map/Site Sketch Attached with Zones of Contamination and/or Hazardous Waste Management Units (SWMUs) Identified? Yes

Personal Protection:

☐ Level A

☐ Level B

☐ Level C

☒ Level D

Modifications/Notes: Investigation and sampling activities will be performed in Level D protection.

Additional Information Concerning Levels of Protection is in Attachment 2.

Surveillance equipment and materials needed to monitor the site for identity and concentration of contaminant(s): HNu photoionization detector with a 10.2 lamp.

Medical Surveillance procedures for evidence of personnel exposure:

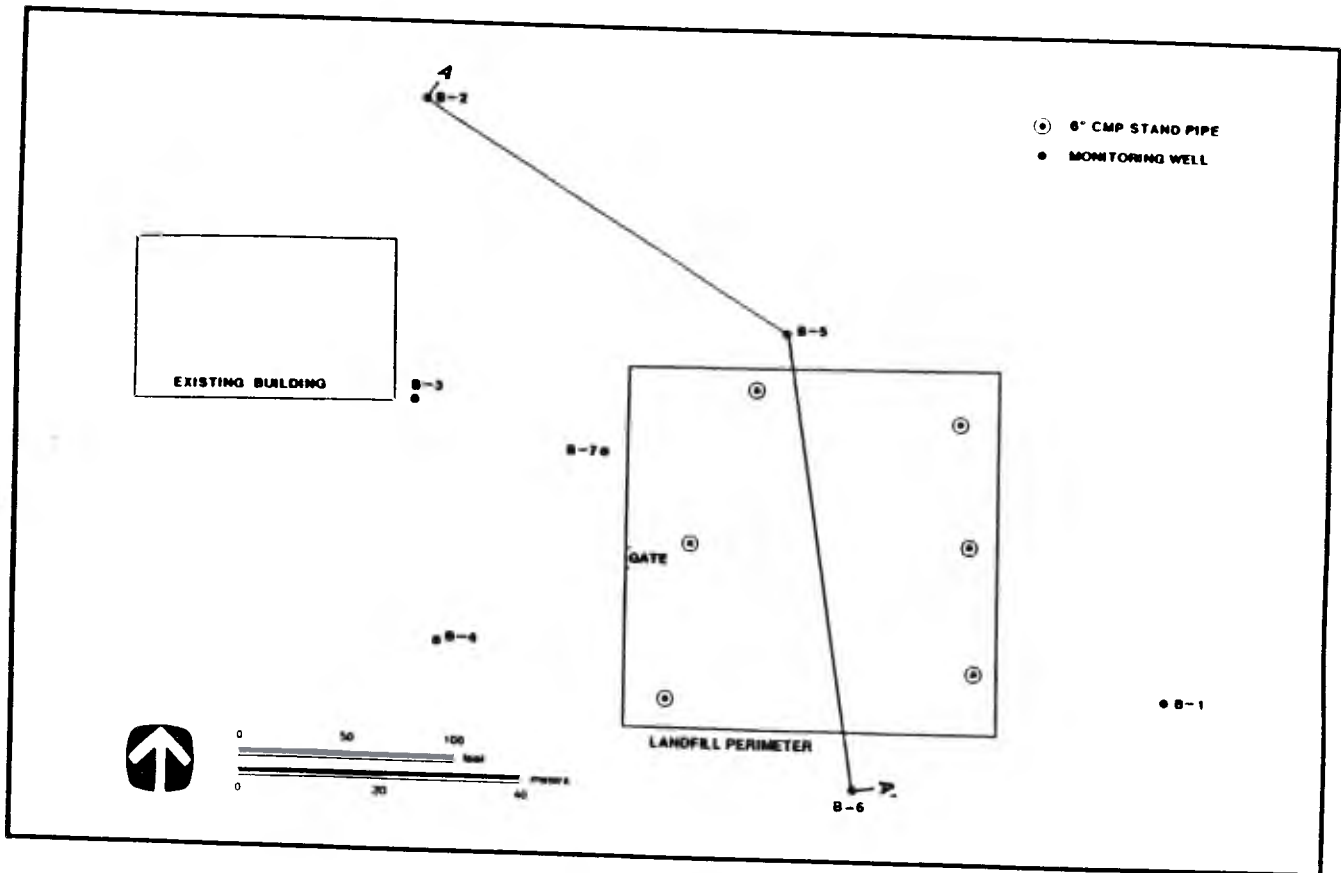
Annual physical, plus medical examination after any gross contamination. First aid procedures will be administered in case of an emergency.

Personnel authorized to enter site, or otherwise handle hazardous materials:

<u>Personnel</u>	<u>Responsibility</u>
1. <u>Gary Bruno</u>	<u>Field team leader, On-Site Health and Safety Officer, Sampler</u>
2. <u>Juli Howe</u>	<u>Sampler, observer</u>

SITE MAP

Show perimeter, gates/fences, disposal areas and zones of contamination and/or Hazardous Waste Management Units (SWMUs)



Source: Tetra Tech, 1989. RCRA CME, RBT/Pacific Wood Treating, Ridgefield, WA, September 1989.

Training/Medical Monitoring Requirements:

Personnel will have completed 40 hours of training prior to site entry, received a baseline medical exam within the past one (1) year, and be certified to wear a respirator. In addition, PRC will ensure that at least one supervisor be present during all on-site activities. Supervisors will have completed an additional 8-hour health and safety supervisor training course.

Site Entry Procedures:

Monitor with HNu upon entry. If HNu readings are 1 ppm above background, PRC personnel will upgrade to Level C protection.

Work Limitations (time of day, weather, etc.):

Working daylight hours only during regular business hours.

Decontamination and Disposal

Decontamination Procedures (personnel, materials, instruments, equipment, etc.)

Personnel will follow EPA guidance for decontamination procedures at Level D protection. The following decontamination stations should be set up in a decontamination zone: 1) segregated equipment drop, 2) boot and glove wash and rinse, 3) glove and disposable bootie removal, 4) safety glasses, hard hat, and Tyvek removal, 5) and hand and face wash and rinse.

Disposal Procedures For Disposable Equipment, Clothing, and Wash Water:

Disposable clothing and equipment will be double-bagged and disposed of by the facility.

Emergency Procedures

General First Aid Procedures Are Described Below:

Dermal Exposure Wash with soap immediately and rinse with copious
amounts of clean water. Watch for signs of skin irritation. Seek medical
attention at first signs of irritation.

Inhalation Move victim to fresh air. Give artificial respiration if
necessary, unless otherwise indicated on attachments. Observe victim for signs
of shock. Seek medical attention immediately.

Ingestion CALL POISON CONTROL CENTER. Seek immediate medical
attention. If possible, a sample of ingested material will be collected and
transported to hospital with victim.

Detailed First Aid Procedures Are Given on the Hazardous Chemical Evaluation Sheets.

Note: Prior to sampling activities, PRC personnel will conduct a pre-emergency run. The purpose of this is to (1) familiarize personnel with the route to the hospital, and (2) notify the hospital of the planned site activities and potential medical needs.

Action Levels:

Toxic Vapors

Normal background (Level D protection)
>0 to 5 ppm above background (Level C protection)
>5 to 100 ppm above background (Level B protection)
>100 ppm (abandon site; call Health and Safety Director)

Ionizing Radiation

0.01 to 0.02 mR/hr = Normal background
0.02 to 2.0 mR/hr = Continue investigation with caution
2.0 to 10.0 mR/hr = Map 2 mR/hr contour
>10 mR/hr = Evacuate site

Oxygen Depletion

21% = Normal background
21 to 19% = Continue investigation with caution
<19% = Abandon site; call Health and Safety Director; Level B protection

Emergency Resources

Location and Number of Nearest Telephone: (206) 887-3562 RBT/Pacific Wood Treating Corporation

In Case of Fire or Explosion (Telephone Number):

Call Fire Dept: 911

Call Police/Sheriff: 911

In Case of Personal Injury or Exposure (Telephone Number):

Call Hospital (206) 696-5000 Vancouver, WA

Call Poison Control Center 1-800-544-4044

Call Ambulance 911

Call PRC:

Jim Pankanin (Project Manager) 206/624-2692

Kurt Sorensen (Health and Safety Coordinator) 312/856-8700

Thomas D. Brisbin 312/856-8700

Kathy Anderson (Emergency phone numbers and insurance information) 312/856-8700

Occupational Health Resources (206) 682-2234

EPA Work Assignment Manager Marcia Bailey (206) 553-0684

State Contact Howard Steeley, (Ecology, Olympia) 206/753-2353

EMERGENCY RESPONSE NUMBERS:

U.S. EPA Environmental Response Team: 206/553-1263

U.S. Coast Guard Environmental Response Team: 1-800/424-8802

CHEMTREC 1-800/424-9300

Site Water Supply (Location) _____

Other Contacts: _____

Hospital Route: Give Directions and Attach Map

From the facility proceed east on 289th Street. Turn south or right on Royle Avenue and proceed to Highway 501. Turn east or left on Highway 501. Enter Interstate 5 and proceed southbound. Once in Vancouver, exit from I-5 on main Street and continue south until the hospital is reached.

HOSPITAL ROUTE MAP

Attach map, if available, and highlight route to hospital from site

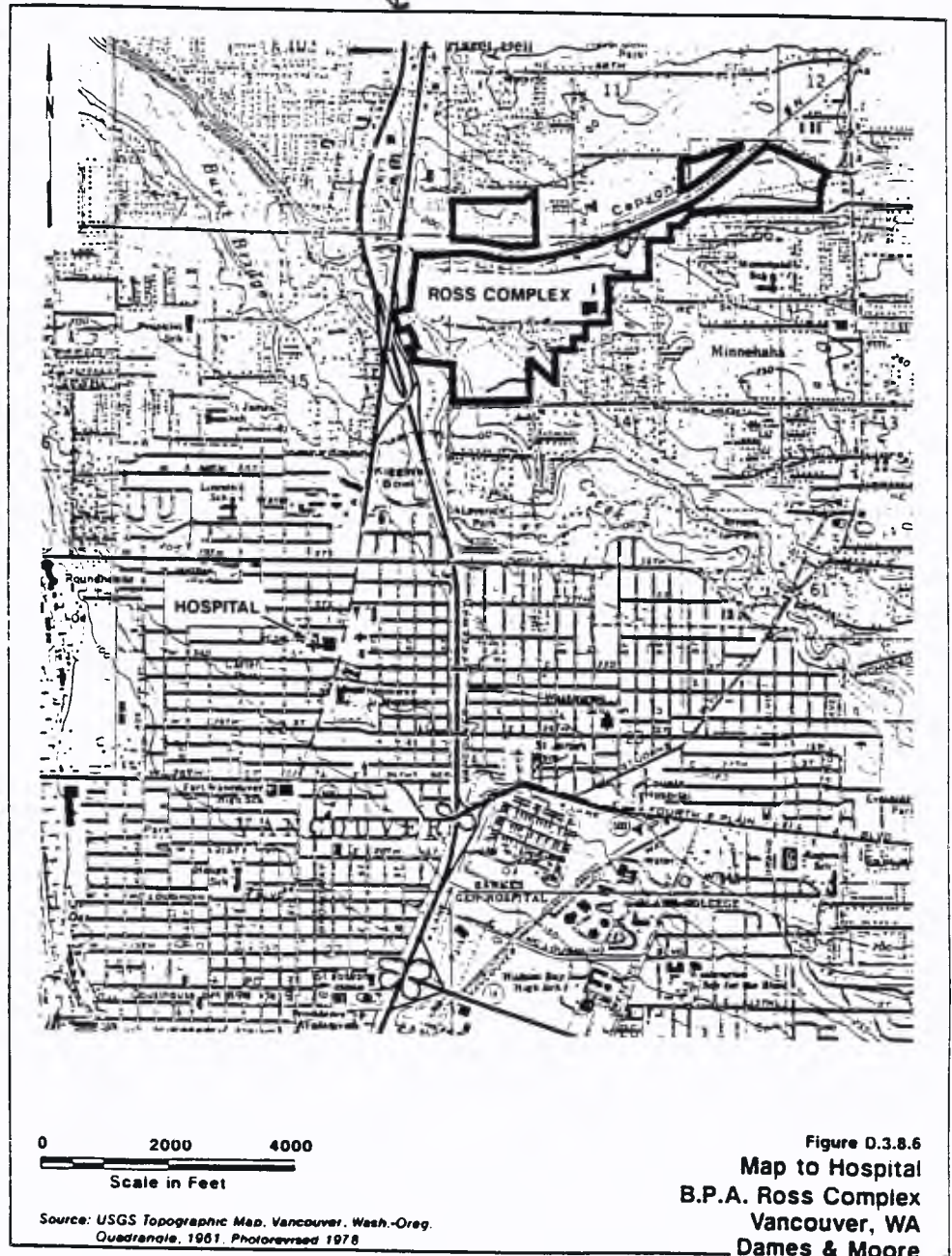
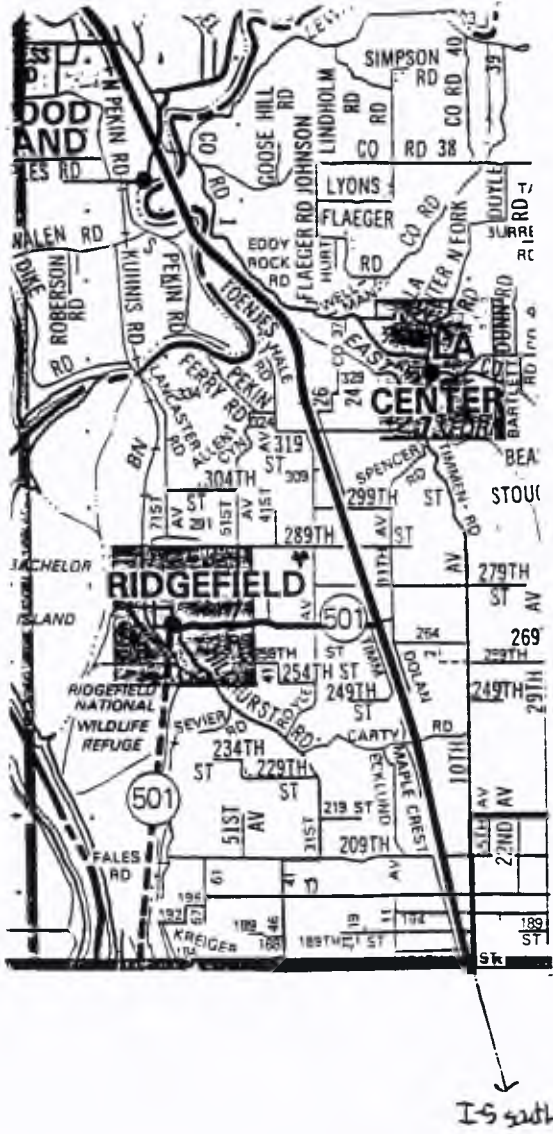


Figure D.3.8.6
Map to Hospital
B.P.A. Ross Complex
Vancouver, WA
Dames & Moore

ATTACHMENT 1

FIELD EQUIPMENT LIST

(Sheet 1 of 2)

Directions: Check as appropriate and indicate quantity taken out. Write in any additional equipment not listed here.

LEVEL OF PROTECTION	A	B	C	<u>D</u>	MODIFIED
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RESPIRATORY PROTECTION:

None needed (X)

- () SCBA, Airline
- () Air-purifying respirator
- () Cartridge Type: _____
- () Escape mask
- () Other _____

HEAD, EYES & EAR PROTECTION:

- (X) Safety glasses, Goggles
- (X) Hard hat
- () Face shield
- () Ear plugs
- () Other _____

PROTECTIVE CLOTHING:

None needed ()

- () Encapsulating suit
- () Saranex coveralls
- () Tyvek PE coveralls
- () Tyvek coveralls
- (X) Coveralls
- () Other _____

GLOVES:

None needed ()

- (X) Inner gloves/liners
- Type: disposable, latex
- () Work gloves
- Type: _____
- (X) Outer gloves
- Type: _____
- () Other gloves
- Type: _____

BOOTS:

- (X) Steel toed/steel shank, leather work boots
- () Overboots
- Type: _____
- (X) Disposable booties
- Type: _____
- () Other
- Type: _____

ATTACHMENT 1

FIELD EQUIPMENT LIST
(Sheet 2 of 2)

Directions: Check as appropriate and indicate quantity taken out. Write in any additional equipment that is not listed here.

MONITORING EQUIPMENT:

- ☒ HNu photoionization detector
☒ 10.2 lamp ☐ 11.7 lamp
☐ Radiation detector
☐ Oxygen deficiency/combustible gas detector
☐ Hydrogen cyanide detector
☐ Draeger hand pump

Type of detector tubes: _____

☐ Other _____

MISCELLANEOUS EQUIPMENT:

First aid kit

Eyewash and shower

Adequate water supply

ATTACHMENT 2

FIELD ACTIVITIES PLAN

(Sheet 1 of 2)

A) TASK DESCRIPTION Observe Pacific Wood Treating (or facility contractor) personnel perform ground-water sampling and take split ground-water and leachate samples.

ACTIVITY LOCATION Ridgefield Brick and Tile, Ridgefield, WA

PERSONNEL Gary Bruno, Juli Howe

LEVEL OF PROTECTION:

Primary	A	B	C	<u>D</u>	MODIFIED	
Contingency	A	B	<u>C</u>	D	MODIFIED	EVACUATE SITE

JUSTIFICATION _____

SCHEDULE March 20-21, 1991

ATTACHMENT 3
SAFETY MEETING SIGN-OFF SHEET

Meeting Held by: _____ Date: _____

ITEMS DISCUSSED

Hazard Evaluation:

Toxic Vapors	Yes _____	No _____
Explosivity	Yes _____	No _____
Radioactivity	Yes _____	No _____
O ₂ Depletion	Yes _____	No _____
Physical Hazards	Yes _____	No _____

Personal Protection to be Worn and Equipment to be Used

Yes _____ No _____

Decontamination Procedures: Yes _____ No _____

EMERGENCY INFORMATION

First Aid	Yes _____	No _____
Hospital Route	Yes _____	No _____
Poison Control Center	Yes _____	No _____

Team Member, Signature

Date

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ATTACHMENT 4

SITE LOG

[illegible]

Enter time spent on-site (ONS), in off-site reconnaissance (OSR), decontamination procedures (DEC), office interview (OFC), or other field work.

ATTACHMENT 5 STANDARD SAFE WORK PRACTICES

GENERAL

1. Eating, drinking, chewing tobacco, smoking, and carrying matches or lighters are prohibited in the contaminated or potentially contaminated area or where the possibility for the transfer of contamination exists.
2. Avoid contact with potentially contaminated substances. Do not walk through puddles, pools, mud, etc. Avoid, whenever possible, kneeling on the ground, leaning, or sitting on equipment on the ground. Do not place monitoring equipment on potentially contaminated surface (i.e., ground, etc.).
3. All field members should make use of their senses (all senses) to alert them to potentially dangerous situations in which they should not become involved, i.e., presence of strong and irritating or nauseating odors.
4. Prevent, to the extent possible, spillages. In the event that a spillage occurs, contain liquid if possible.
5. Prevent splashing of the contaminated materials.
6. Field crew members shall be familiar with the physical characteristics of investigations, including:
 - wind direction in relation to the ground zero area
 - accessibility to associates, equipment, vehicles
 - communication
 - hot zone (areas of known or suspected contamination)
 - site access
 - nearest water sources
7. The number of personnel and equipment in the contaminated area should be minimized consistent with site operations.
8. All wastes generated during PRC and/or subcontractor activities should be disposed of as directed by the field investigation personnel.

ATTACHMENT 6

ACTION LEVELS

Direction: The action level for toxic vapors is general guidance. This level should be amended as appropriate. Upgrading from Level D to Levels C, B, and A should be based on the lowest TLV of the chemicals shown on page 7.

Toxic Vapor, Readings Detected Above Background Levels

Normal Background	=	Wear Level D protection
>0 to 5 ppm	=	Upgrade to Level C protection
>5 to 100 ppm	=	Call Health and Safety Director; Upgrade to Level B protection
>100 ppm	=	Evacuate site, call PRC Health and Safety Director; Upgrade to Level A protection

Ionizing Radiation

0.01 to 0.02 mR/hr	=	Normal background
0.02 to 2.0 mR/hr	=	Continue investigation with caution
2.0 to 10.0 mR/hr	=	Map 2 mR/hr contour; Call PRC Health and Safety Director
>10 mR/hr	=	Evacuate site; Call PRC Health and Safety Director

Oxygen Depletion

>21%	=	Call Health and Safety Director; Monitor for explosive conditions
21%	=	Normal background
21 to 19.5%	=	Investigate site with continuous monitoring
<19.5%	=	Evacuate site; call PRC Health and Safety Director

ATTACHMENT 7
PLAN ACCEPTANCE FORM

INSTRUCTIONS: This form is to be completed by each person prior to beginning work at the subject work site. **THIS FORM IS TO BE RETURNED TO THE HEALTH AND SAFETY COORDINATOR, PRC/EMI, CHICAGO, ILLINOIS.**

Job No. _____

Project _____

By my signature below, I acknowledge that I have read and understand the contents of the proceeding Health & Safety Plan. I agree to perform my work in accordance with the plan.

Signed

Print Name

Company

Date

ATTACHMENT 8
PLAN FEEDBACK FORM

Instructions: This form is to be completed by each person returning from work on the subject work site and returned to the Health and Safety Director, PRC/EMI, Chicago, Illinois.

Problems with plan requirements:

Unexpected situations encountered:

Recommendations for future revisions:

ATTACHMENT 9
ACCIDENT REPORT FORM
(Sheet 1 of 2)

FIELD SUPERVISOR'S REPORT OF ACCIDENT
(USE FOR ON-SITE ACCIDENTS OR EXPOSURES ONLY)

To:

From:

Telephone: ____ / ____ - ____

Name Of Injured/Ill Employee:

Date Of Accident:

Time of Accident:

Exact Location of Accident:

Narrative Description of Accident:

Nature Of Illness or Injury and Part Of Body
Involved: _____

Probable Disability (check one)

- Fatal
- Lost work days (No. of days:____)
- Restricted activity (No. of days:____)
- No lost work days
- First aid only

ATTACHMENT 9
ACCIDENT REPORT FORM
(Sheet 2 of 2)

Action(s) Taken by Reporting Unit:

Corrective Action Which Remains to be Taken: (By whom and by when)

Name of Field Supervisor: _____

Title: _____

Signature: _____

Date: _____